

Division of Children and Family Services Protection and Safety Procedure #18-2015	
Regarding:	Medical, Dental, and Vision Exams for State Wards
Rescinding:	AM#06-05, AM#9-2011
Date Effective:	05/22/2015
Contact:	Katie Weidner at (402)-471-9700 or katie.weidner@nebraska.gov
Issue by:	Tony Green, Acting Director, Division of Children and Family Services



Philosophy:

Preventative healthcare is important. Children involved with the Division of Children and Family Services (DCFS) should be provided with routine preventative healthcare services (medical, dental, and vision) to support healthy development.

Procedure:

MEDICAL

For children in out-of-home care, routine preventative medical exams will be provided within 14 days of placement in out-of-home care. For all state wards, routine preventative medical exams must be provided at least annually or once per year. Medical treatment must also be provided when follow-up is recommended by the treating physician. Children will be provided with age appropriate immunizations per the [schedule](#) recommended by the Advisory Committee on Immunization Practices. For continuity of care, the CFS Specialist will make every effort to arrange medical care with the child's established primary care physician (if applicable).

DENTAL

Routine preventative dental exams should be provided at least once per year starting at age one. Dental exams must be provided when follow-up is recommended by the treating dentist (fillings, extractions, toothaches, etc.). More information and resources on children's dental health can be found on the [DHHS Office of Oral Health and Dentistry website](#). For continuity of care, the CFS Specialist will make every effort to arrange dental care with the child's established dentist (if applicable).

VISION

Routine vision exams must be provided at least once per year starting at age 3 or sooner if deemed medically necessary. Vision exams must be provided when follow-up is recommended by the treating physician (glasses, eye conditions, etc.). For continuity of care, the CFS Specialist will make every effort to arrange eye care with the child's established eye care physician (if applicable).

Documentation of Medical, Dental, and Vision Exams

The dates of all exams (medical, dental, and vision) must be documented in the detail medical exam window. All prescribed medications shall be documented in this window as well. Specific documentation of the children's medical, dental, and vision exams must be documented in the "program person narratives-medical" section of N-FOCUS and include the date of the exam, name of the doctor, purpose of the exam, and any follow-up that is required. Any needed follow-up care must also be documented.

Parental Involvement in Medical, Dental, and Vision Treatment Decisions

When the Department of Health and Human Services (DHHS) is guardian of a child resulting from court action or voluntary relinquishment, DHHS is legally authorized to make all decisions regarding medical treatment while recognizing the importance of parental involvement in decision making. The CFS Specialist is responsible for such decisions but will involve the parents (when parental rights are intact) to the maximum extent possible.

The CFS Specialist may give the foster care provider or contracted residential facilities consent to obtain emergency or routine medical treatment except when: 1) permission for HIV antibody testing or other screening tests for AIDS is requested/required; 2) permission to withhold life support is requested; and/or 3) permission for a “Do Not Resuscitate” (DNR) order is requested. Each of these three has a separate, specific DCFS policy and those specific policies must be given precedence over the direction in this memo.

If a parent objects to a treatment recommendation, the following must be completed:

1. The CFS Specialist will not consent to treatment until a plan has been established.
 - a. If the child is residing outside the parental home (and legal custody is with DHHS), the CFS Specialist will notify the foster parent of the parent’s objection in order to assure treatment is not given until a plan has been established.
2. The CFS Specialist will consult with the CFS Supervisor and CFS Administrator in order to determine next steps (which could include but are not limited to: meeting with the parents; consulting with the child’s physician; involving the Guardian ad Litem, Legal Parties, or the Court; seeking consultation from outside parties including physicians within the DHHS system; consulting with DHHS Legal, etc.).
 - a. All actions regarding this must be documented in N-FOCUS “Program Person Narratives-Medical”.
3. Once a decision is made, the CFS Specialist will notify the foster care provider and the parent of the determined action.
4. The CFS Specialist will then consent to treatment.

References:

390 NAC 7-003.04
390 NAC 11-002.04 E, F
471 NAC 24-003.01A1
471 NAC 06-005
Advisory Committee on Immunization Practices schedule
<http://www.cdc.gov/vaccines/schedules/hcp/index.html>